

UTAH DIGITAL HEALTH SERVICE COMMISSION

U.C.A. Subsection 63-55-226(3) repeals this act July 1, 2005

26-9f-101. Title.

This chapter is known as the "Utah Digital Health Service Commission Act."

26-9f-102. Definitions.

As used in this chapter:

(1) "Commission" means the Utah Digital Health Service Commission created in Section 26-9f-103.

(2) "Telehealth" means the electronic transfer or exchange of medically related data for diagnosis, treatment, consultation, educational, or other related purposes.

26-9f-103. Utah Digital Health Service Commission.

(1) There is created within the department the Utah Digital Health Service Commission.

(2) The governor shall appoint 11 members to the commission with the consent of the Senate, as follows:

(a) a physician who is involved in telehealth;

(b) a representative of a licensed health care facility as defined in Section 26-21-2;

(c) a representative of rural Utah, which may be a person nominated by an advisory committee on rural health issues created pursuant to Section 26-1-20;

(d) a member of the public who is not involved with telehealth; and

(e) seven members:

(i) selected from a list of three nominees for each open position submitted by the division over health systems improvement; and

(ii) who fall into one or more of the following categories:

(A) individuals who use telehealth in a public or private institution;

(B) individuals who use telehealth in serving medically underserved populations;

(C) nonphysician health care providers involved in telehealth;

(D) information technology professionals involved in telehealth;

(E) representatives of the health insurance industry; and

(F) telehealth consumer advocates.

(3) (a) The commission shall annually elect a chairperson from its membership.

(b) The commission shall hold meetings at least once every three months. Meetings may be held from time to time on the call of the chair or a majority of the board members.

(c) Six commission members are necessary to constitute a quorum at any meeting and, if a quorum exists, the action of a majority of members present shall be the action of the commission.

(4) (a) Except as provided in Subsection (4)(b), a commission member shall be appointed for a three-year term and eligible for two reappointments.

(b) Notwithstanding Subsection (4)(a), the governor shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of commission members are staggered so that approximately 1/3 of the commission is appointed each year.

(c) A commission member shall continue in office until the expiration of the member's term and until a successor is appointed, which may not exceed 90 days after the formal expiration of the term.

(d) Notwithstanding Subsection (4)(c), a commission member who fails to attend 75% of the scheduled meetings in a calendar year shall be disqualified from serving.

(e) When a vacancy occurs in membership for any reason, the replacement shall be appointed for the unexpired term.

(5) (a) Board members who are not government employees may not receive compensation or benefits for the services, but may receive per diem and expenses incurred in the performance of their official duties at rates established by the Division of Finance under Sections 63A-3-106 and 63A-3-107.

(b) A commission member may decline to receive per diem and expenses for service to the commission.

(6) The department shall provide staff support to the commission.

(7) The funding of the commission shall be a separate line item to the department in the annual appropriations act.

The commission shall:

(1) advise and make recommendations on telehealth issues to the department, the Utah Technology Commission, and other state entities;

(2) promote collaborative efforts to establish technical compatibility, uniform policies, and privacy features to meet legal, financial, commercial, and other societal requirements;

(3) serve as a clearinghouse on emerging telehealth technologies;

(4) identify, address, and seek to resolve the legal, ethical, regulatory, financial, medical, and technological issues that may serve as barriers to telehealth;

(5) explore and encourage the development of telehealth systems as a means of reducing health costs and increasing health care quality and access;

(6) seek public input on telehealth issues;

(7) educate the public, state officials, and the health care community on telehealth issues; and

(8) advise the governor and Legislature on:

(a) the role of telehealth in the state;

(b) the policy issues related to telehealth;

(c) the changing telehealth needs and resources in the state; and

(d) state budgetary matters related to telehealth.

26-9f-104. Duties and responsibilities.